

Trait-o-matic : How To (Part I)



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Biophysics 101 seminar
Thursday, October 15th, 2009

What would you do with
twenty-five individual
human genomes?

Trait-o-matic

<http://snp.med.harvard.edu>

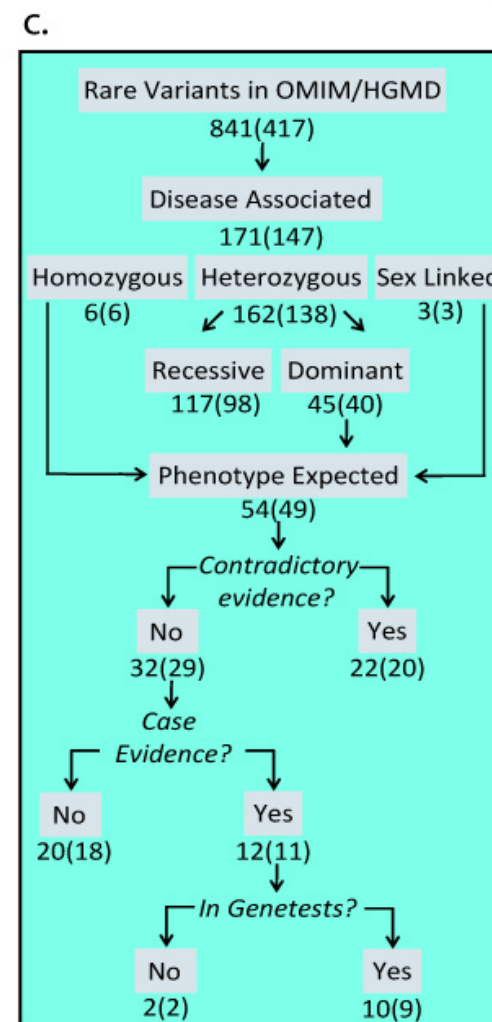
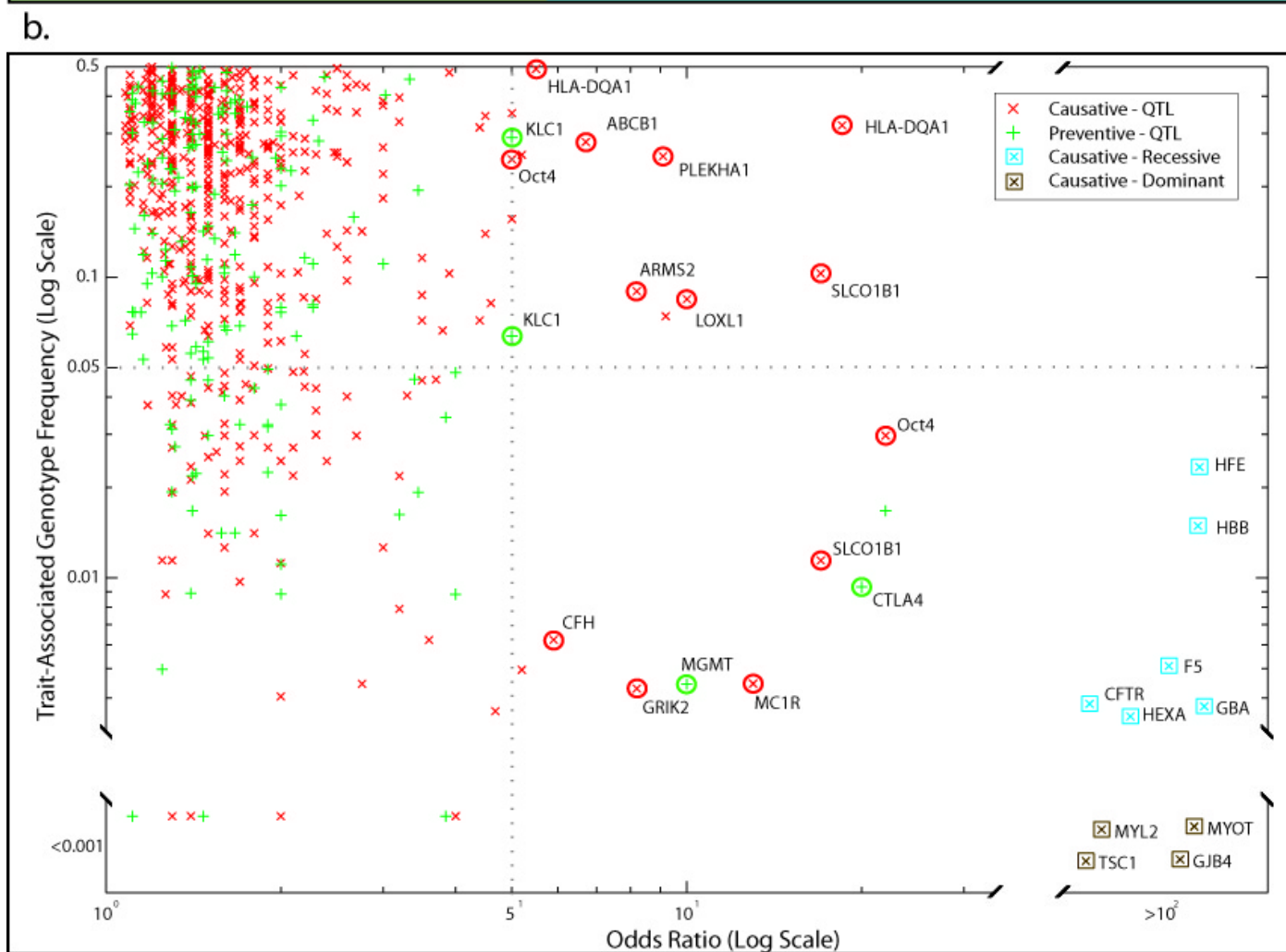
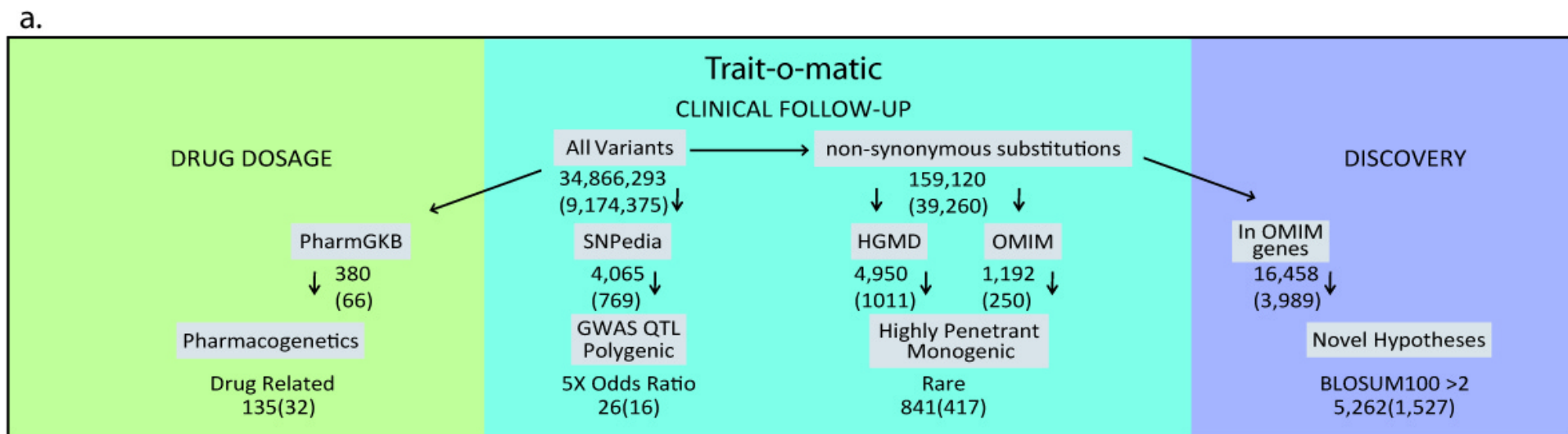
Analysis of individual genomes

Use GeneTests to focus on genes where clinical action is already taken

Convert variants in HG18 coordinates into gene/protein coordinates

Cross-reference with OMIM/HGMD/SNPedia/PharmGKB to obtain a list of known variants with pointers into the literature

Obtain allele frequencies when available (typically not available for rare variants)





PersonalGenomes.org

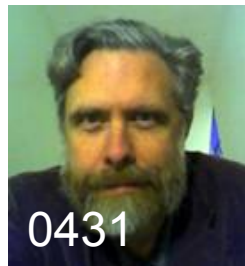
Subject & public access (not just research elite)

Entrance exam to ensure highly informed consent

**Scalable to millions of research subjects,
budget \$1,000/person for DNA & trait data**

Highly integrated, holistic, systems-biology

Cells available for personal functional genomics



What would you do with a
hundred thousand individual
human genomes?

To get an answer – ask a
different question!

How do we organize
computational resources to
serve the combined needs of
scientists, physicians and the
general public?

Many commercial organizations aim to answer this type of question in other domains—Amazon Web Services is a leading provider



Amazon Elastic Compute Cloud (Amazon EC2) - Beta



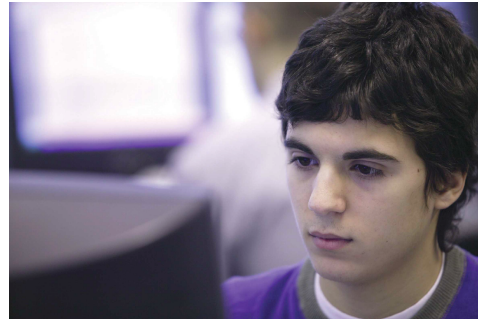
TAP INTO THE
POWER OF NETWORK.COM



the hosting cloud



How does a “cloud” work for 2nd generation sequencing?



Service
Level
Agreements



Web Services



Abstract away users (with a simple web browser) from massive, physical computational resources and highly parallel data acquisition instruments via standard internet protocols and Service Level Agreements

A Free Factory is inspired by Free Software and embodies a special case of the “cloud” paradigm

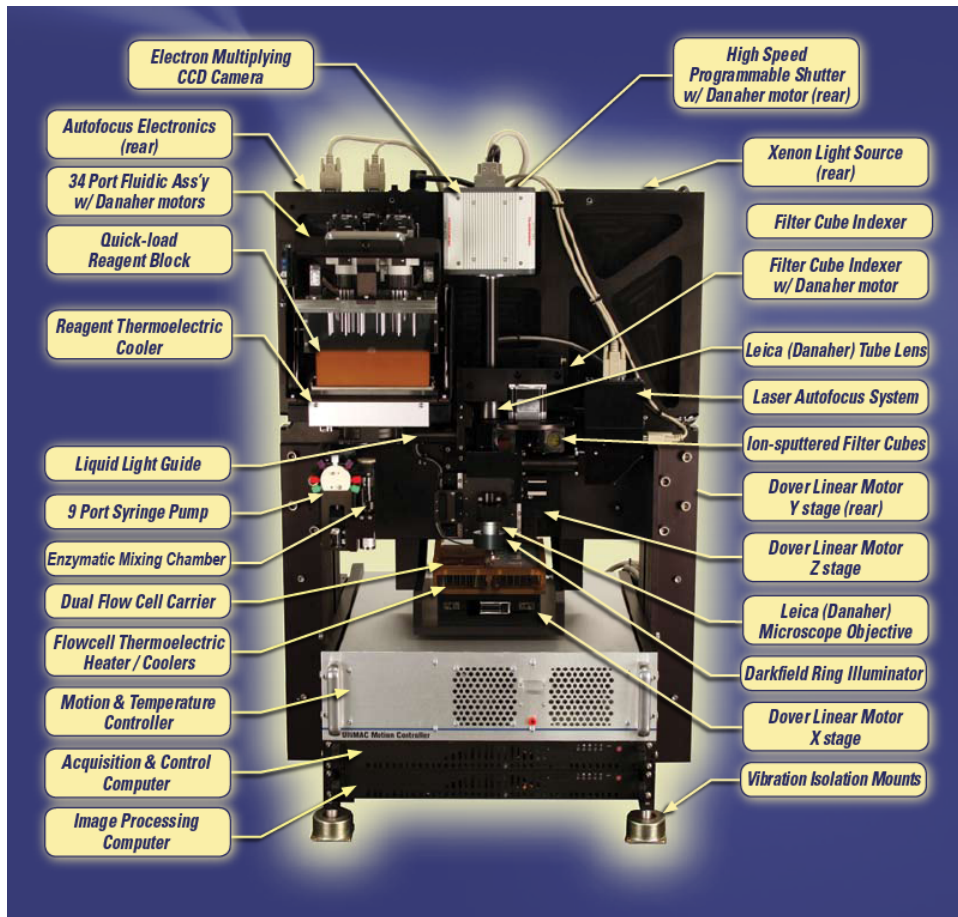
Free Software is a matter of the users' freedom to run, copy, distribute, study, change and improve the software.

(<http://www.gnu.org/philosophy/free-sw.html>)

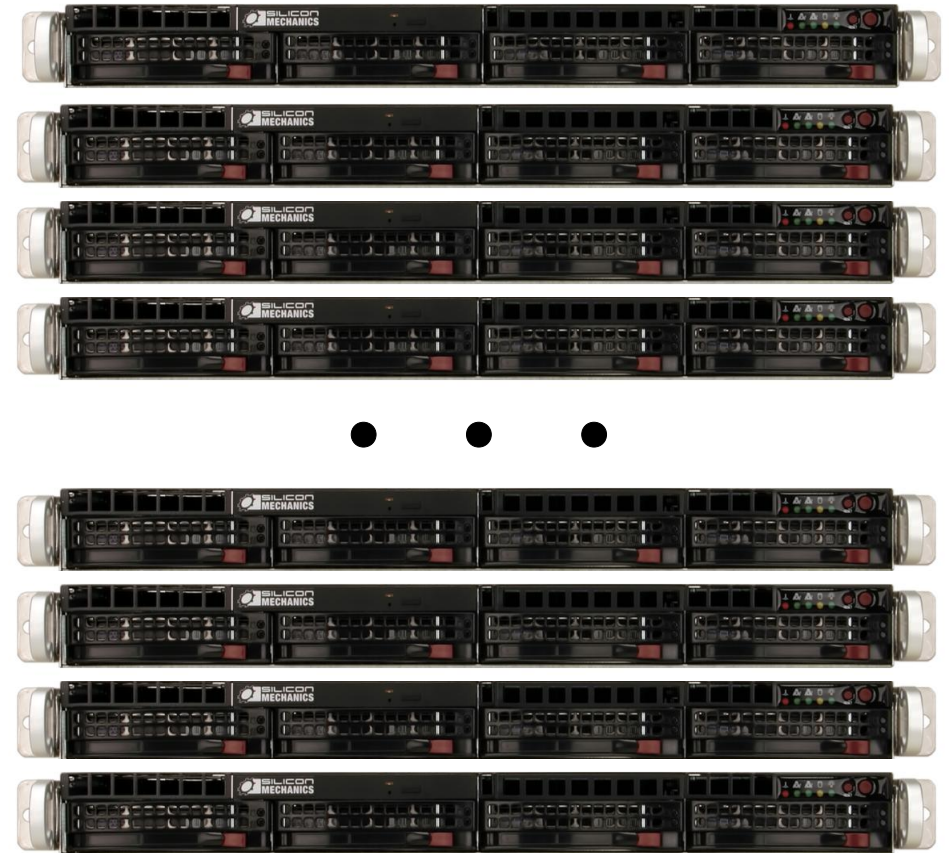
A Free Factory should protect the freedom of its user community to:

- 1) operate their own identical factory;
- 2) operate a modified factory;
- 3) distribute the information required to operate and modify the factory to others, and;
- 4) study and improve all factory equipment, methods, software, raw materials, and so on.

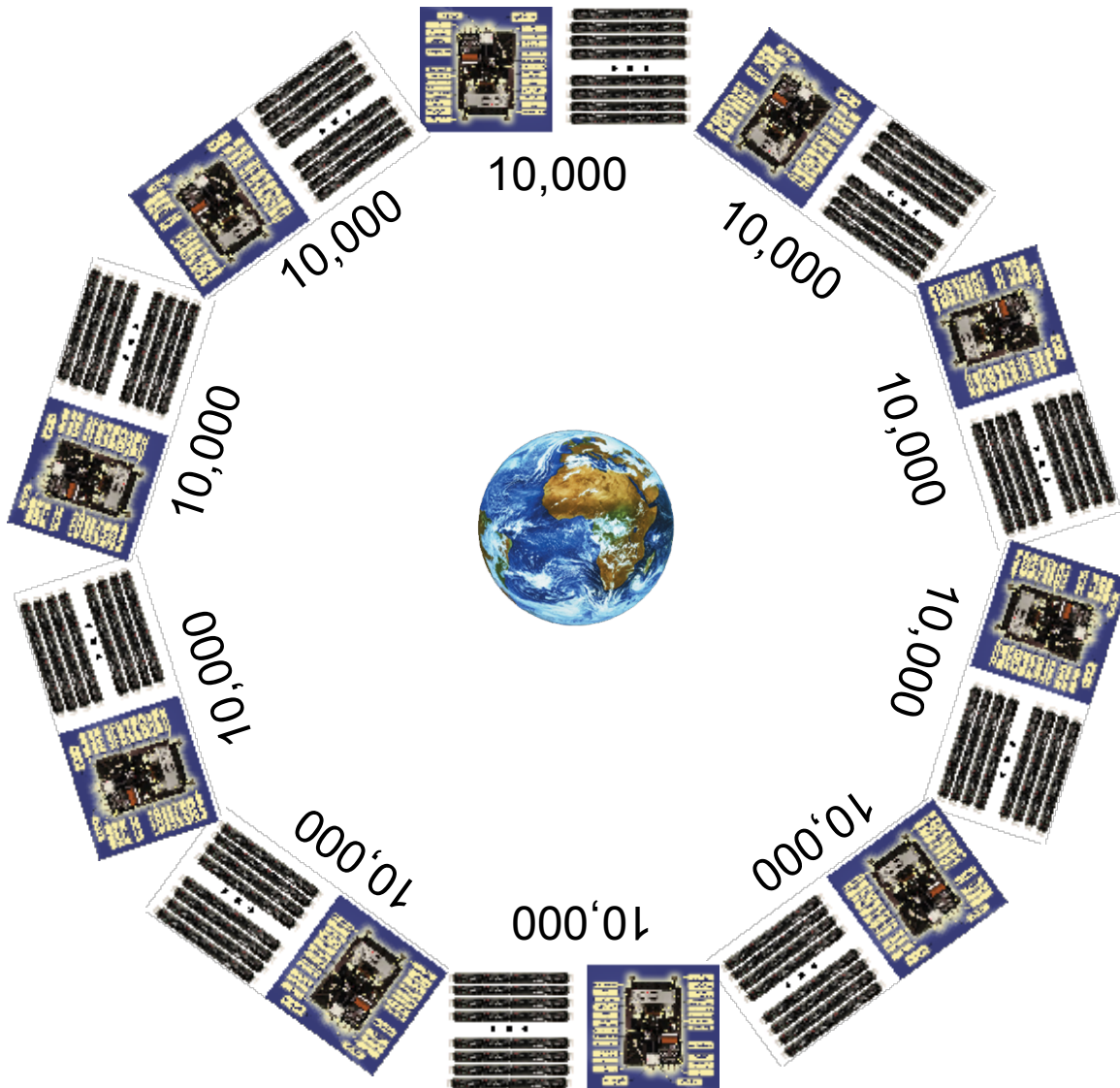
A Free DNA Sequencing Factory could be built by combining the “Polonator” with commodity computers running Free and Open Source Software



Courtesy — Rich Terry and Greg Porreca



Scalable Infrastructure for 100,000 people



Maintain infrastructure close to participants

Add sequencing instruments, computational clusters, and storage independently

Freegols can use storage and compute resources from any Free Factory

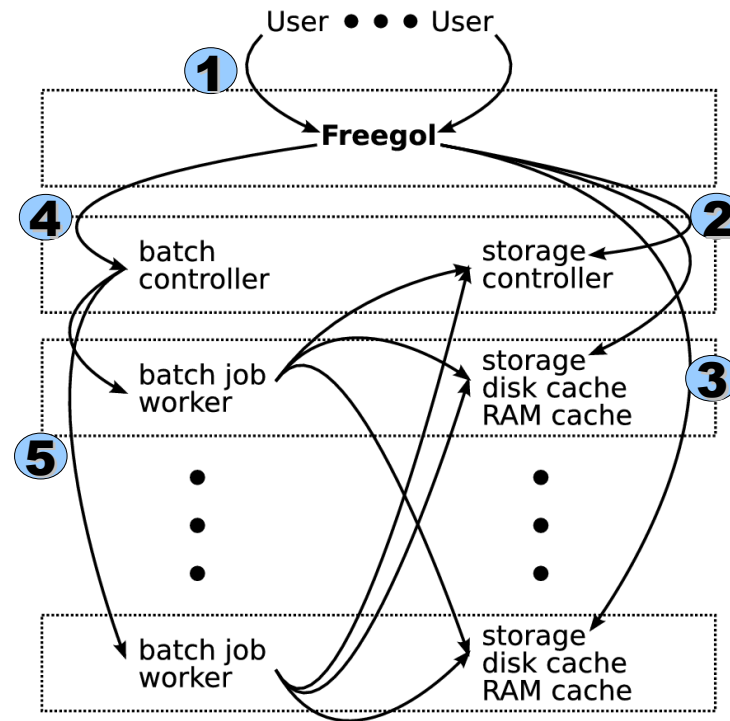
Fault-tolerant to hardware and software failures

Built-in provenance tracking

The diagram illustrates the network architecture of the Free Factory. It shows four external groups (Public, Scientists, Physicians) on both the left and right sides, connected to a central network. The central network consists of a central '48 node cluster' connected to four '48' nodes. These nodes are further connected to 'Freeegols' (Free Factory Edge Gateways) which interface with 'data acquisition instruments' and 'administrators'. The 'Freeegols' are also connected to a 'VPN' (Virtual Private Network) which links the external groups to the central network.

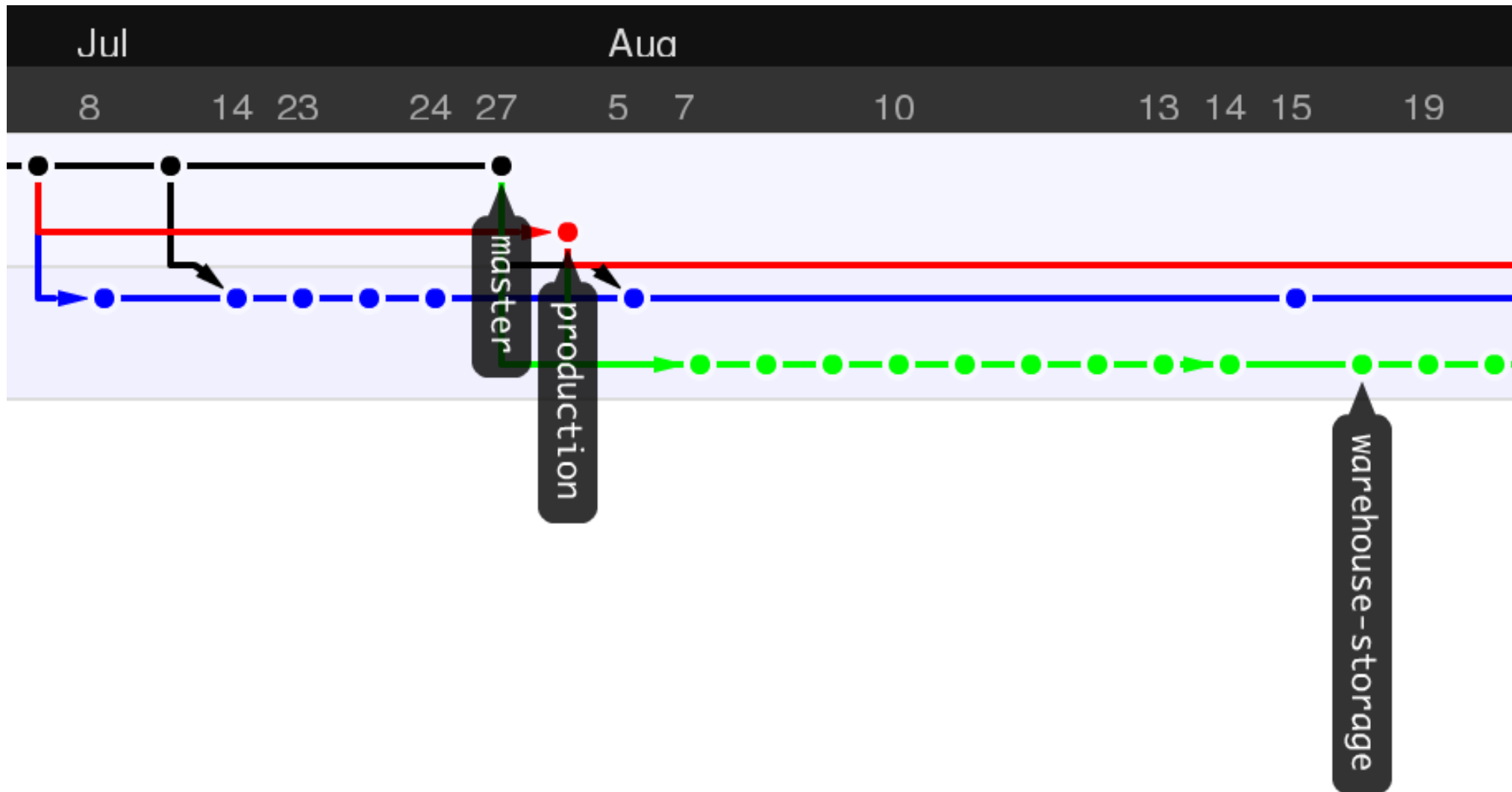
A shared infrastructure for web service virtual machines, which I call “Freegols”.

Freeegols—or Free Golems (another word for robot)—operate in independent virtual machines running on the Free Factories infrastructure.



As a Freeegol services many simultaneous user requests, it continually supervises “workflows” that process terabytes of data and consume many thousands of CPU hours

Trait-o-Matic is the archetypal “Freegol” and maintained using the distributed development paradigm

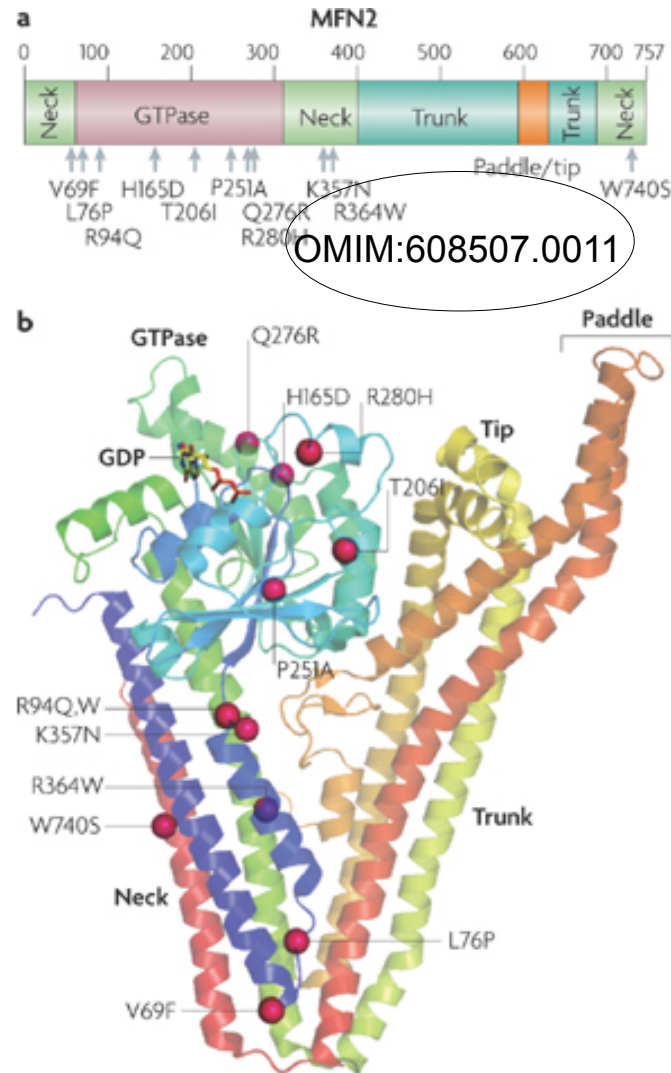


Class projects can use the lab “cloud” or Trait-o-matic as a platform for further development

Trait-o-matic cross-references variants with major databases and looks for damaging coding changes

PGP2 – MFN2 R364W –
HEREDITARY
MOTOR AND SENSORY
NEUROPATHY VI

?



PGP1 – GHR G186* –
(associated with)
INCREASED
RESPONSIVENESS TO
GROWTH HORMONE

?

6'4"



PGP1 HGR Mutation

chr5	42735769	42735805	GAAGCACCACGcAaTGCAGATaTTcaGAAaGGAtGG
chr5	42735776	42735812	CaCgcAATgCaGaTaTtCagaaA t gATggAtggttc
chr5	42735776	42735812	CacGCaaTGCaGatATTcaGaaA T GaTggATggtTc
chr5	42735776	42735812	CAcGCAATGCAGaTaTTcagaAA T gatggatggtTc
chr5	42735776	42735812	CACGCAATGCAGATATT C AGAA A TGATGgATGGtTc
chr5	42735790	42735826	ATTcAGAAAGGATGGATGGTTcTGGAGTATGAAC T T
chr5	42735790	42735826	AttcAgAAAGGATGGATGGTtCtGGAGTATGAAC t T

★

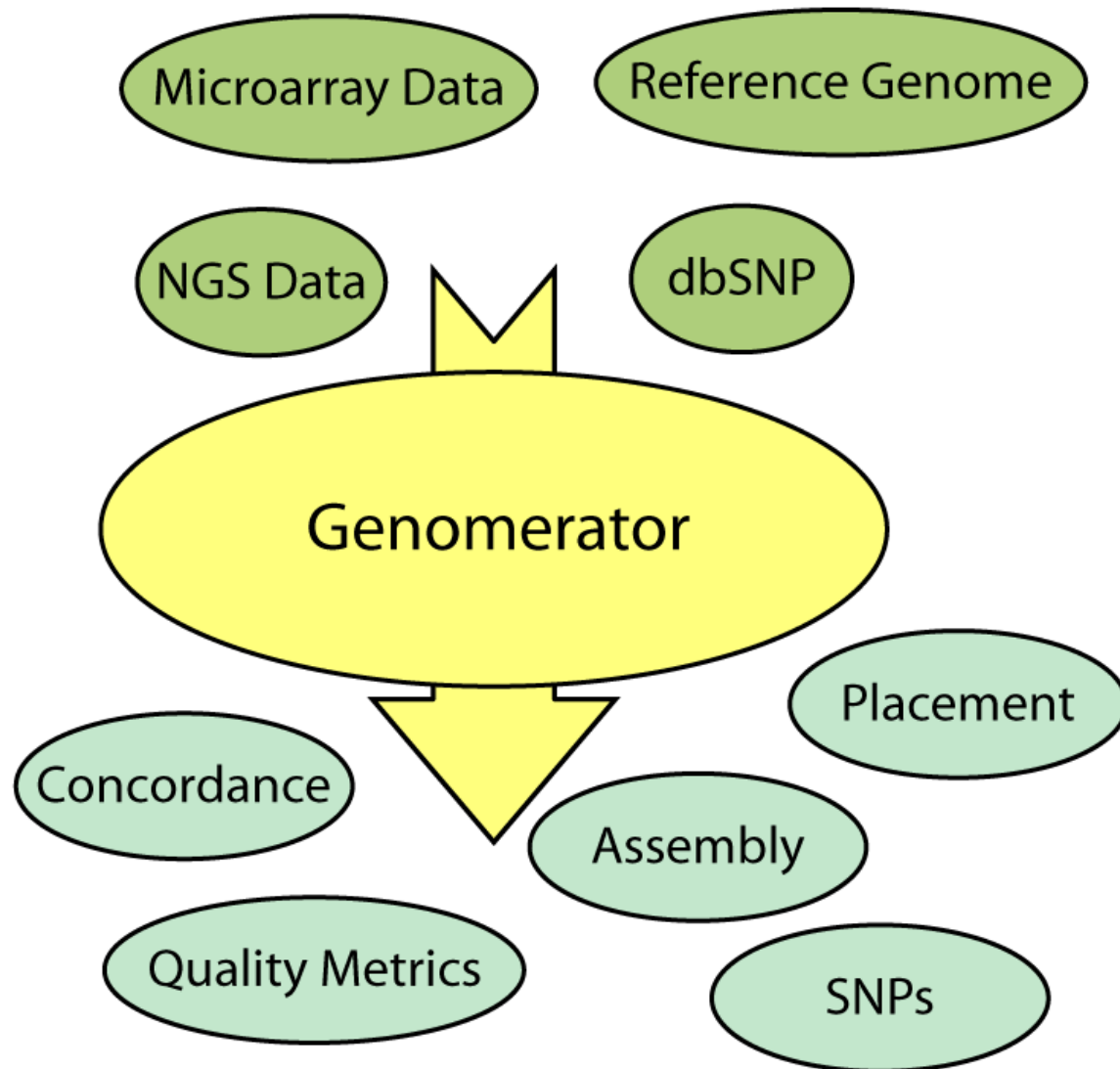
PGP2 MFN2 Mutation

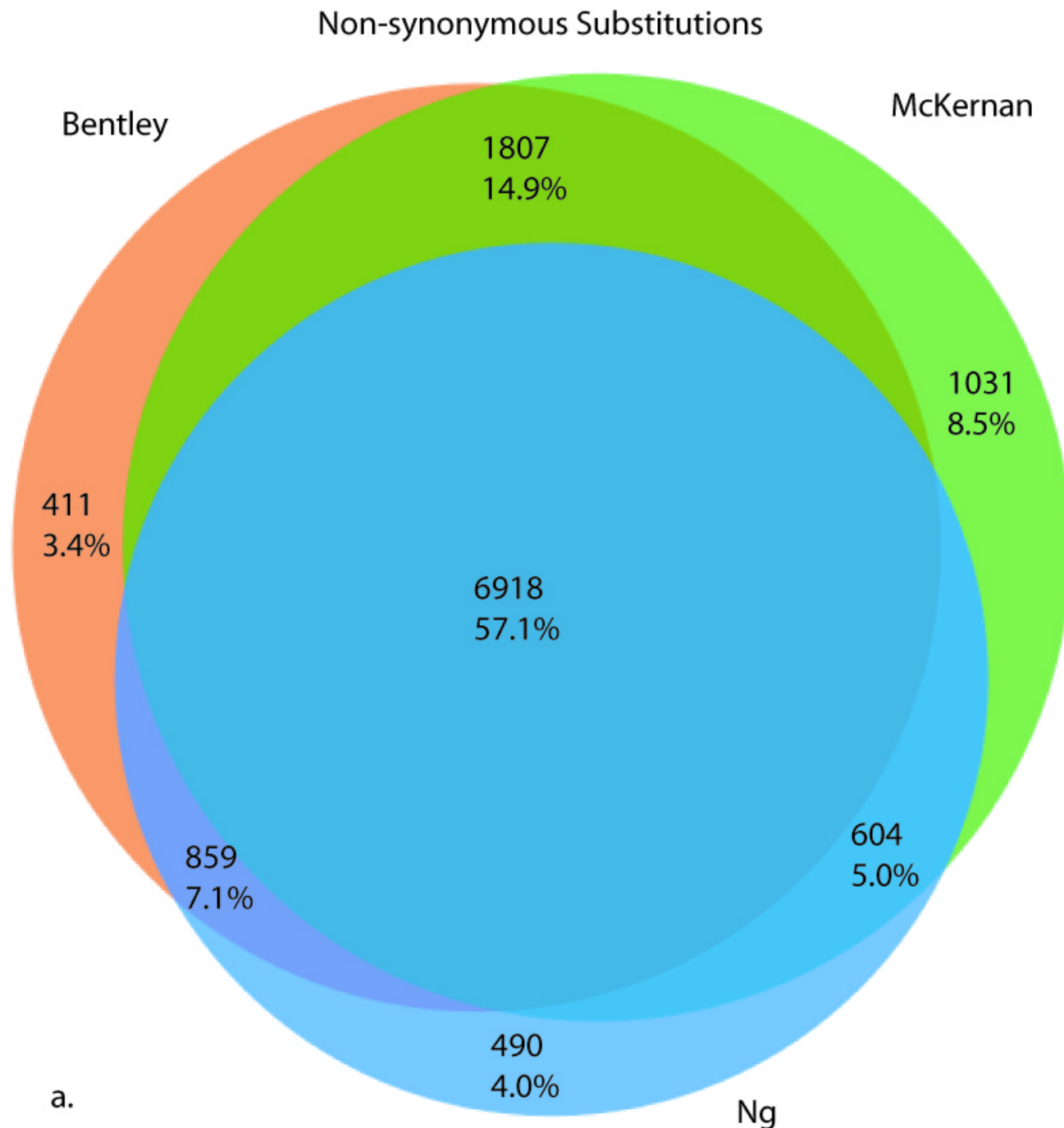
chr1	11984646	11984682	AGTGAAGACCAAGTTT G AGCAGCACACGGTCCGGGC
chr1	11984658	11984694	GTTT G AGCAGCACACGGTCCGGGCCAAGCAGATTGC
chr1	11984658	11984694	GTTT G AGCAGCACAcGGTCCGGGCCcAAGCaGATTGC
chr1	11984658	11984694	GTTT G AGCAGCACACGGTCCGGGCCAAGCAGATTGC
chr1	11984658	11984694	GTTT G AGCAGCACACGGTCCGGGCCAAGCAGATTGC
chr1	11984658	11984694	GTTT G AGCAGCACACGGTCCGGGCCAAGCaGATTGC
chr1	11984658	11984694	GTTT G AGCAGCACACgGTCCgGGCCaaGCAGATTgC
chr1	11984658	11984694	GTTT G AGCAGCACACGGTCCGGGCCAAGCAGATTGC
chr1	11984662	11984698	GAGCAGCACACGGTCCGGGCCAAGCAGATTGCAGAG
chr1	11984662	11984698	GAGCAGCACACGGTCCGGGgCCAagCAgATTgCAGAg
chr1	11984662	11984698	GAGCAGCACACGGTCCGGGCCAAGCAGaTTGCAGAg
chr1	11984662	11984698	gAgCAGCACACgGTCCGGGCCaAGCAGATTGCAGAG
chr1	11984665	11984701	CAGCACACGGTCCGGGCCAAGCAGATTGCAGAGGCG
chr1	11984667	11984703	GCACACGGT C TGGGCCAAGCAGATTGCAGAGGCGGg
chr1	11984667	11984703	GCACACGGT C TGGGCCAaGCAGATTGCAGAGGCGGg
chr1	11984667	11984703	GCACACGGT C TGGGCCAAGCAGATTGCAGAGGCGGg
chr1	11984667	11984703	GCACACGGT C TGGGCCAAGCAGATTGCAGAGGCGGt
chr1	11984668	11984704	CACACGGTCCGGGCCAAGCAGATTGCAGAGGCGGTT
chr1	11984668	11984704	CACACGGTCCGGGCCAAGCAGATTGCAGAGGCGGTT

★

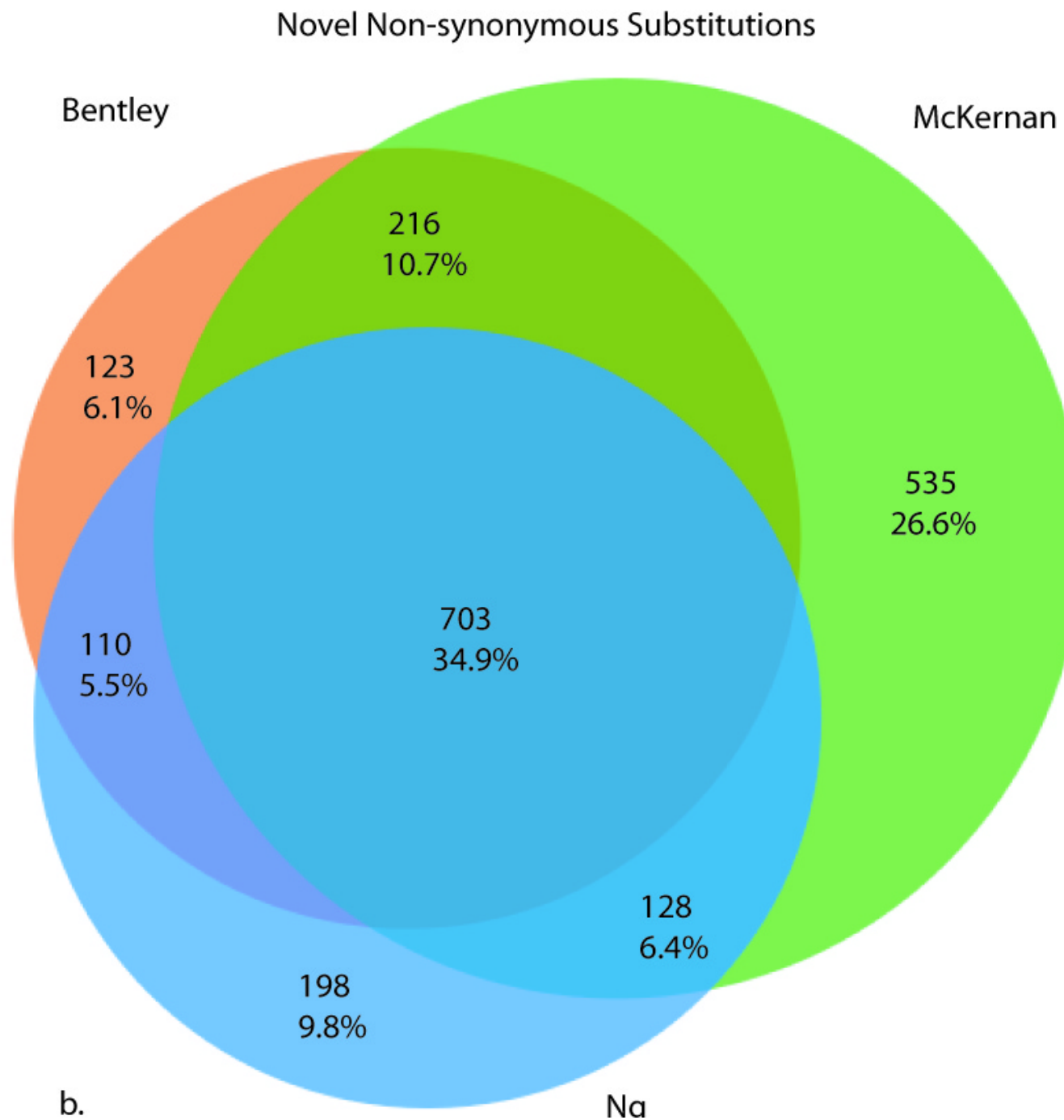
So what went wrong? The error probably occurs in an amplification step required by the capture process.

On our cloud, Genomerator manages NGS data, launches workflows, and, generates quality metrics – without high quality variant calls and data-sources Trait-o-matic is useless!





Comparison of non-synonymous substitutions from three independent experiments on the same HapMap sample, NA18507, indicates relatively poor concordance between all three samples.



Comparison of non-synonymous substitutions from three independent experiments on the same HapMap sample, NA18507, novel variants have even worse concordance.

NA18507 Variants Found by Only One Group

Genome	State	Location/ Gene, Alteration	TAF	Phenotype	Notes
NA18507 McKernan	Hom	ChrX: 69172053 EDA, Ala349Thr Yes	Unk	X-linked hypohidrotic ectodermal dysplasia	Abnormal development of hair, teeth and eccrine sweat glands; if dental development normal assumed to be a sequencing error. ²⁸
NA18507 McKernan	Het AD	chr19: 60359419 TNNI3, P82S	Unk	Elderly-onset hypertrophic cardiomyopathy	Found in 2 patients with onset 52.5 ± 3.6 , ⁸² later reports find TAF of 0.03 in Afro-Caribbean controls. ⁸³
NA18507 Ng	Het	chr10:115795046 ADRB1, G389R		Pharmacogenetic	PharmGKB: Better outcome from treatment with atenolol vs. verapamil
NA18507 Ng	Het	ABCD1, G608D			
NA18507 Ng	Het	PCSK9, A443T			

These variants could be sequencing errors that are easily seen in the consensus alignments or even the underlying images. It's also possible, however, that the raw data will support these consensus calls as “real” while the poor replication across three experiments suggests the opposite.

Ref. coordinate Gene, amino acid change	Genotype Ref. allele, trait-assoc'd allele ¹	MAF	Associated trait	Proposed clinical action	OMIM dbSNP
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chr21:34664672 <i>KCNE2</i> , Q9E	C/G C G	—	Acquired long QT syndrome susceptibility [elderly African American female; more clinical data needed]	Electrocardiogram, avoid drugs causing prolonged QT intervals	603796.0001 —
chrX:38111547 <i>OTC</i> , K46R	G A G	0.441	Ornithine transcarbamylase polymorphism ; apparently benign and not known to be associated with OTC deficiency	None	300461.0009 rs1800321

¹ All DNA sequences are given for the NCBI reference sequence + strand; where possible, the reference allele is listed first in heterozygous genotypes.

Analysis of an individual African genome reveals a rare mutation—KCNE2 Q9E—not present in dbSNP. Is this variant real?


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ggaggggaagcatgtctactttatccaatttcacaCa
aggggaagcatgtctactttatccaatttcacaGaga
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gggaagcatgtctactttatccaatttcacaGagac
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G 22 sum(q)=607

T 2 sum(q)=10

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Our cloud infrastructure was used to assemble the raw reads—120 gigabases—from HapMap NA18507. The alignment for KCNE2 Q9E is shown above. Manually assembled from data in Bentley et al. (2008) Nature.

Further literature search brings into question the importance of KCNE2 Q9E

NA 18507 – All	Het AD	10	72030654 PRF1, R4H	Unk	Acquired aplastic anemia	Found in one African Individual ³¹ and OMIM*170280.0013.
NA 18507– Bentley Ng	Het AD	21	34664672 KCNE2, Q9E	0.015	Long QT Syndrome, SIDS	Confers susceptibility to LQTS (OMIM) and was found in a screen for SIDS genes. ³² “Its relatively high frequency may confer arrhythmia susceptibility, particularly during exposure to antibiotics like clarithromycin”. ³³

Can clinical genetic labs share (some of) these data which are typically proprietary?

Without comprehensive and accurate genotype to phenotype databases—good variant calls are not clinically useful.

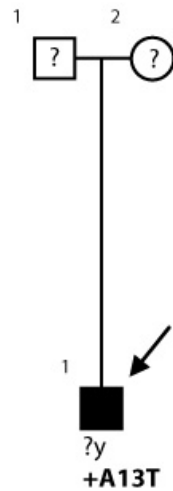
Variants Implicated in Disease with Unreported Frequencies, but Appearing Frequently in YRI Genomes.

Genome	State	Location/ Gene, Alteration	TAF	Phenotype	Case; controls Notes
NA18507	Het	Chr4: 88752564	Unk	Dentinogenesis imperfecta type II	14; 0/42
NA19129	AD	DSPP, Arg68Trp			Found in a Swedish family segregating with disease; ¹⁰³ reviewed by Kim et al., who reports additional cases. ¹⁰⁴
NA19240					
NA18507	Hom	chr19:15152576	Unk	Cerebral arteriopathy with subcortical infarcts and leukoencephalopathy	4; 0/100
NA19129	AD	NOTCH3, Ala1020Pro			Found in four patients of unknown ethnicity, one of whom diagnosed at 77yo. ¹⁰⁵
NA19240					
NA18507	Het	Chr6: 134252293	Unk	Dilated cardiomyopathy	Found in 12yo female, with mother symptomatic for DCM and grandmother with sensorineural hearing loss. ¹⁰⁶
NA18517	AD	TCF21, G22V			
NA18507	Het	Chr4: 5806425	Unk	Ellis-van Creveld syndrome	Although this syndrome is usually inherited recessively, this was found dominant in an Amish family (father-daughter). ¹⁰⁷
NA18517	AD	EVC, R443Q			
NA19240					

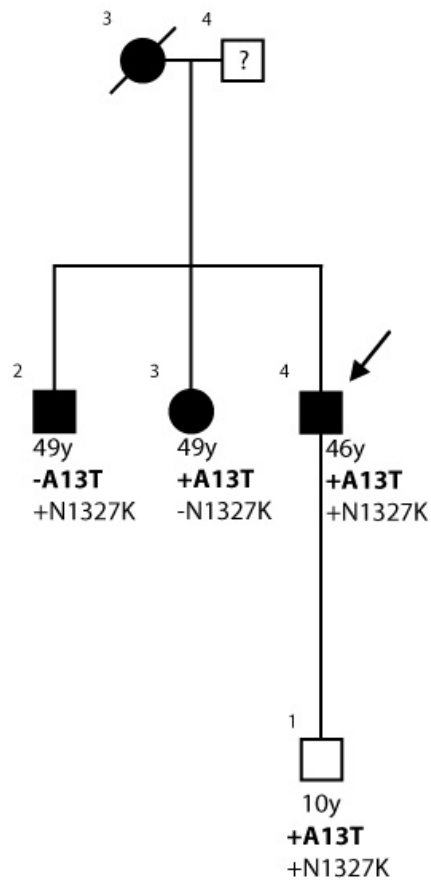
Interpreting 2nd generation sequencing results goes far beyond accurate variant calls but requires a worldwide effort to develop accessible databases of cases and controls; without such databases clinical interpretation will remain elusive!

Personal Genomics has arrived but it will take significant community effort to achieve its potential—you can help!

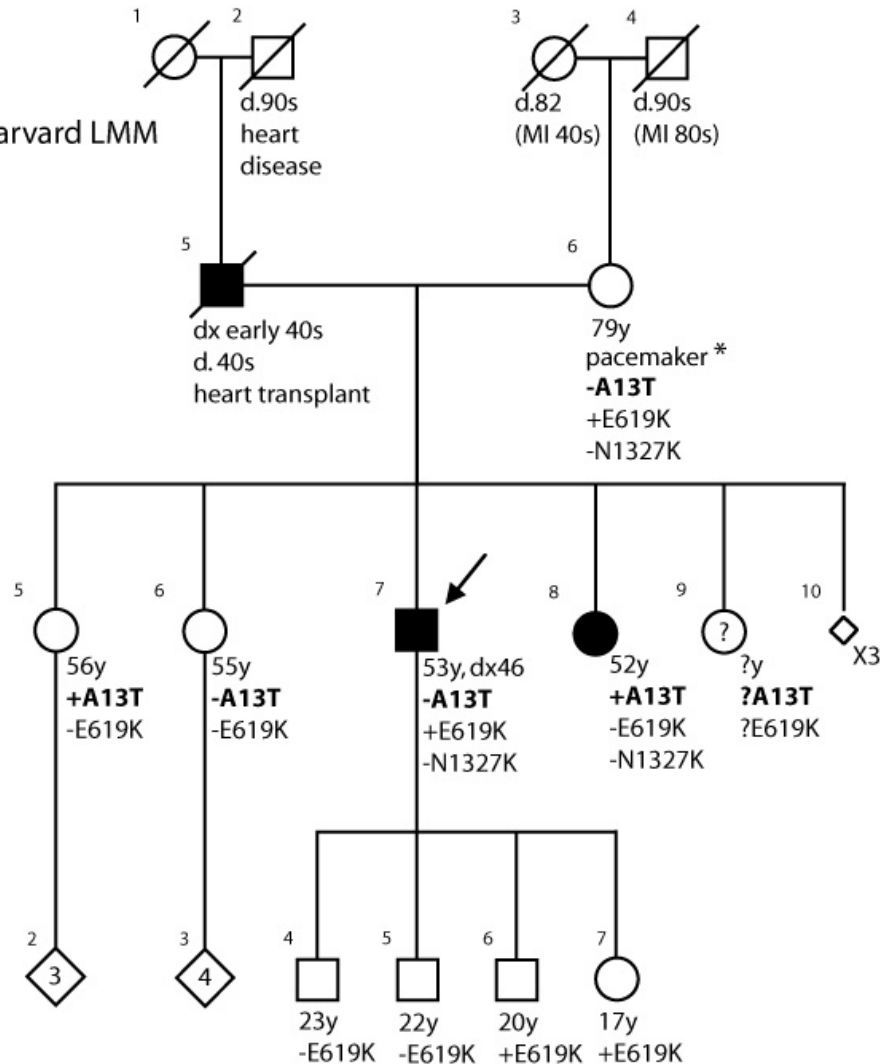
Poetter et al., 1996



Andersen et al., 2001
Hougs et al., 2005



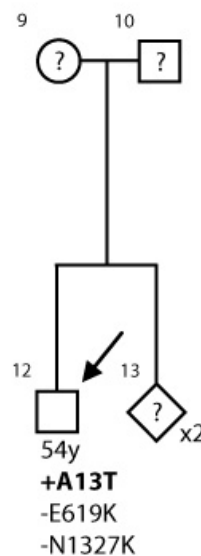
Harvard LMM



Correlagen



PGP6



A13T is on MYL2
N1327K is on MYH7
E619K is on MYBPC3
■ Symptomatic for HCM
* Due to sick sinus syndrome

Acknowledgments

George Church

James Hogle

Zak Kohane

Jon Seidman

Jack Szostak

Abraham Rosenbaum

Xiaodi Wu

Mike Chou

Billy Li

Wendy Chung

Heidi Rehm

John Aach

Joe Thakuria

Erez Levanon

Jason Bobe

Harris Wang

Tom Clegg

Ward Vandewege

Nava Whiteford

Chris Archibald

Andy Chute

Andrea Loehr

Irwin Jungreis

Miron Cuperman

Erik Garrison

Paras Doshi

Church lab members

Harvard Biophysics

Many others

Thank-you!